

Santa Rosa County
Administrative Services/Parks Operations Department
6495 Caroline Street, Suite J
Milton, Florida 32570

APPLICATION FOR RESERVATION OF COUNTY PARK FACILITIES

DATE(S) REQUESTED: _____

HOURS FROM: _____ HOURS TO: _____

PARK: _____

ORGANIZATION: _____

☐ PROFIT ☐ NON-PROFIT ☐ GOVERNMENT

ACTIVITY SPONSOR: _____

NAME OF REPRESENTATIVE: _____

ADDRESS: _____

HOME PHONE #: _____ WORK PHONE #: _____

OTR PHONE #: _____ E-MAIL: _____

ALTERNATE REPRESENTATIVE: _____

ADDRESS: _____ PHONE #: _____

FACILITIES TO BE UTILIZED:

☐ PORTABLE BUILDING(S) _____ ☐ GYMNASIUM _____

☐ PAVILION(S) _____ ☐ FIELD(S) _____

☐ CONFERENCE CENTER _____ ☐ HORSE ARENA/STABLES _____

BRIEFLY EXPLAIN ALL ACTIVITIES PLANNED AT PARK. _____

WILL THERE BE ANY CHARGES ASSOCIATED WITH THE EVENT (i.e., admission fees, parking fees, etc.)?

PARTICIPANTS EXPECTED: _____ OBSERVERS EXPECTED: _____

**** Please note that the application and reservation fee are due no later than seven (7) days prior to the scheduled event, or the reservation will be cancelled.**

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SPECIAL REQUEST(S)/NEED(S):

- ☐ GARBAGE CANS _____
- ☐ PICNIC TABLES _____
- ☐ BLEACHERS _____
- ☐ DESIGNATED PARKING AREA _____
- ☐ PORTABLE RESTROOM FACILITIES _____
- ☐ OTHER _____
- _____

CONDITIONS OF APPLICATION

1. The organization/party reserving aforementioned County park/facility agrees to provide proof of liability insurance, if applicable and requested, to be approved by the Santa Rosa County Risk Manager.
2. No alcoholic beverages are allowed.
3. The area must be left clean after use.
4. Event must terminate at specified time on application.
5. If reserving a pavilion, there is to be absolutely no unauthorized solicitation or selling of any type permitted at any time (to include on- and off-premises).
6. If issued a key(s) to open/close the County facilities on the day(s) reserved, the key(s) shall be for the applicant's strict use. The key(s) shall not be duplicated, and the applicant agrees to only unlock and utilize the facilities on the date(s) previously approved by the County. Moreover, the applicant agrees to return the key(s) to the Administrative Services/Parks Operations Department no later than the day following the last scheduled and approved event.

I, the undersigned, having read and being in full agreement with the above conditions governing this application, do promise to comply with all policies and rules as stated above and in Santa Rosa County Ordinance 87-39. I further understand that I will assume responsibility for any damages to the facility, property, or equipment, and will pay a fair price, as determined by the Parks Operations Department, for said damages.

SIGNATURE OF REPRESENTATIVE

DATE

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*** FOR OFFICE USE ONLY ***

- ☐ 1. Proof of non-profit, governmental status provided (if applicable).
- ☐ 2. A copy of the insurance policy has been obtained and approved by the Risk Manager (if applicable).

☐ Request Approved

DATE: _____

☐ Request Denied

DATE: _____

Fee Assessment: _____

☐ Paid _____

Rebecca Welch
Administrative Services/Park Operations

Tammy C. Simmons
Administrative Services Manager/Park Operations

Hunter Walker
County Administrator